

THE INVENTION CLAIMED IS:

1. A method of treating functional somatic syndromes comprising the steps of:
 - identifying a patient as having a functional somatic syndrome; and
 - treating such a patient with an airway stabilization technique.
2. The method as claimed in claim 1, wherein treating such a patient with an airway stabilization technique comprises stabilizing the airway with a mechanical stabilization.
3. The method as claimed in claim 2, wherein the mechanical stabilization is selected from the group consisting of:
 - an oral appliance adapted to control a position of an anatomical feature of a patient;
 - a tissue distending device adapted to be located externally and coupled to such a patient so as to distend tissue associated with such a patient's airway; and
 - a stimulation device adapted to apply a stimulating energy to a patient.
4. The method as claimed in claim 1, wherein treating such a patient with an airway stabilization technique comprises stabilizing the airway with positive airway pressure therapy.
5. The method as claimed in claim 4, wherein the positive airway pressure therapy is selected from the group consisting of: continuous positive airway pressure, bi-level positive airway pressure, and auto-titrating positive airway pressure.
6. The method as claimed in claim 1, wherein identifying a patient as having a functional somatic syndrome includes identifying a symptom of the functional somatic syndrome, wherein the symptom is selected from the group consisting of: chronic fatigue, irritable bowel, migraine headaches, tension headaches, temporomandibular joint pain, premenstrual pain, sleep-onset insomnia, sleep maintenance insomnia, unrefreshing sleep, EEG evidence of sleep fragmentation, bruxism, muscle pain, muscle tenderness,

heartburn, abdominal pain, abdominal urgency, diarrhea, depression, orthostatic syncope, alpha-delta sleep.

7. The method as claimed in claim 1, further comprising the step of monitoring such a patient for an inspiratory airflow limitation.

8. The method as claimed in claim 7, further comprising the step of categorizing a patient who has an inspiratory airflow during sleep of approximately fifty-one to one-hundred percent of waking levels as an upper airway resistance syndrome (UARS) patient.

9. The method as claimed in claim 7, further comprising the step of categorizing a patient who has an inspiratory airflow during sleep of approximately zero to fifty percent of waking levels as an obstructive sleep apnea/hypopnea (OSA/H) patient.

10. The method as claimed in claim 1, further comprising observing alpha-delta sleep of such a patient to diagnose the functional somatic syndrome.

11. The method as claimed in claim 1, wherein the functional somatic syndrome is selected from the group consisting of: chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, migraine headaches, tension headaches, temporomandibular joint syndrome, Gulf War syndrome, premenstrual syndrome, sleep-onset insomnia, sleep maintenance insomnia, multiple chemical sensitivity, sick building syndrome, repetition stress injury, side effects of silicone breast implants, chronic whiplash, and restless leg/periodic limb movement syndrome.

12. A method of treating functional somatic syndromes comprising the steps of:

identifying a patient as having one or more symptom of a functional somatic syndrome; and

treating such a patient with an airway stabilization technique.

13. The method as claimed in claim 12, wherein treating such a patient with an airway stabilization technique comprises stabilizing the airway with a mechanical stabilization.

14. The method as claimed in claim 13, wherein the mechanical stabilization is selected from the group consisting of:

an oral appliance adapted to control a position of an anatomical feature of a patient;

a tissue distending device adapted to located externally and coupled to such a patient so as to distend tissue associated with such a patient's airway; and

a stimulation device adapted to apply a stimulating energy to a patient.

15. The method as claimed in claim 12, wherein treating such a patient with an airway stabilization technique comprises stabilizing the airway with positive airway pressure therapy.

16. The method as claimed in claim 15, wherein the positive airway pressure therapy is selected from the group consisting of: continuous positive airway pressure, bi-level positive airway pressure, and auto-titrating positive airway pressure.

17. The method as claimed in claim 1, wherein the symptom of the functional somatic syndrome is selected from the group consisting of: chronic fatigue, irritable bowel, a migraine headache, a tension headache, temporomandibular joint pain, premenstrual pain, sleep-onset insomnia, sleep maintenance insomnia, unrefreshing sleep, EEG evidence of sleep fragmentation, bruxism, muscle pain, muscle tenderness, heartburn, abdominal pain, abdominal urgency, diarrhea, headaches, depression, orthostatic syncope, alpha-delta sleep.

18. The method as claimed in claim 12, further comprising the step of monitoring such a patient for an inspiratory airflow limitation during sleep.

19. The method as claimed in claim 18, further comprising the step of categorizing a patient who has an inspiratory airflow of approximately fifty-one to one-hundred percent of waking levels as an upper airway resistance syndrome (UARS) patient.

20. The method as claimed in claim 18, further comprising the step of categorizing a patient who has an inspiratory airflow limitation of approximately zero to fifty percent of waking levels as an obstructive sleep apnea/hypopnea (OSA/H) patient.

21. A method of diagnosing a sleep disorder comprising the steps of:
determining whether a patient suffers from one or more symptoms of a functional somatic syndrome; and
diagnosing such a patient as having sleep-disordered breathing.

22. The method as claimed in claim 21, further comprising the steps of diagnosing the patient as a moderate to severe obstructive sleep apnea/hypopnea (OSA/H) patient if alpha-delta sleep is not substantially present, and treating such a patient with an airway stabilization technique.

23. The method as claimed in claim 21, further comprising the steps of diagnosing the patient as an upper airway resistance syndrome (UARS) or mild to moderate obstructive sleep apnea/hypopnea (OSA/H) patient if alpha-delta sleep is substantially present and treating such a patient with an airway stabilization technique.

24. The method as claimed in claim 21, further comprising treating such a patient with an airway stabilization technique.

25. The method as claimed in claim 24, wherein the airway stabilization technique comprises stabilizing the airway with a mechanical stabilization, the mechanical stabilization selected from the group consisting of:

an oral appliance adapted to control a position of an anatomical feature of a patient;

a tissue distending device adapted to be located externally and coupled to such a patient so as to distend tissue associated with such a patient's airway; and

a stimulation device adapted to apply a stimulating energy to a patient.

26. The method as claimed in claim 24, wherein treating such a patient with an airway stabilization technique comprises stabilizing the airway with positive airway pressure therapy.

27. The method as claimed in claim 26, wherein the positive airway pressure therapy is selected from the group consisting of: continuous positive airway pressure, bi-level positive airway pressure, and auto-titrating positive airway pressure.

28. The method as claimed in claim 21, wherein the one or more symptoms of a functional somatic syndrome is selected from the group consisting of: chronic fatigue, irritable bowel, migraine headaches, tension headaches, temporomandibular joint pain, premenstrual pain, sleep-onset insomnia, sleep maintenance insomnia, unrefreshing sleep, EEG evidence of sleep fragmentation, bruxism, muscle pain, muscle tenderness, heartburn, abdominal pain, abdominal urgency, diarrhea, depression, orthostatic syncope, alpha-delta sleep.